

Online Payoff Request

Please fax request to 317-232-7778

IHFA DOES NOT SUBORDINATE

Please note that all payoff requests will be processed within 48 business hours of receipt. If a payoff request is received AFTER noon on a business day, it will be processed on the next business day. Please plan accordingly.

D (T	CI 1 D 1
Date		Closing Date
Borrower Name		Social Security No.
Co-Borrower Name		Social Security No.
Property Address		
City, Zip Code		County
Pavoff requirement	ents for REFIN	ANCE
	Payoff requirements for REFINANCE 1. Borrower's Authorization signed 2. Copy of the Title Commitment Payoff requirements for SALE 1. Seller's Authorization signed 2. Copy of the Title Commitment 3. Completed worked up HUD-1 with the IHFA portion blank 4. Copy of the 1 st Mortgage Payoff 5. Seller's forwarding address information MUST be completed in boxes below	
Payoff requireme	ents for SALE	
		n sioned
J. Schel	s for waruing a	duress information wiest be completed in boxes below
Address:		
City, State, and Zip Co	ode:	
Attention:		Phone Number for Requestor:
Email address:		Fax Number for Payoff:
Email address:		Fax Number for Payoff:
Email address: (You must have Excel to o	open an Emailed p	·
(You must have Excel to o		·
(You must have Excel to o		ayoff)